

A close-up photograph of a young girl with dark skin and curly hair. She has a red flower with white petals in her hair. She is looking slightly to the side with a gentle expression. The background is blurred green foliage.

Children and HIV/AIDS in Papua New Guinea

UNITE FOR CHILDREN
UNITE AGAINST AIDS



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Cover photo:
A young girl from Papua New Guinea.

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CAMPAIGN ON CHILDREN AND AIDS: AN OVERVIEW

The Global Campaign on Children and AIDS launched worldwide on 25 October 2005 aims to put children at the centre of the global HIV/AIDS agenda. As part of this campaign, UNICEF and its partners have created an alliance to push for programmes to:

- **Prevent** new infections among young people, particularly girls and women;
- **Prevent** mother-to-child-transmission of HIV;
- **Provide** adequate and appropriate paediatric treatment for children with HIV/AIDS;
- **Protect**, care and support orphans and children affected by HIV/AIDS.

Situation of children and AIDS in Papua New Guinea

By 2004, about 80,000 people (or 2 per cent of Papua New Guinea's total population) were infected with HIV, making Papua New Guinea the epicentre of the epidemic in the Pacific. Key facts related to the impact of the epidemic on children are summarized below:

- An estimated 11,000 children are currently infected with HIV;
- About 800,000 children are affected by HIV and AIDS in PNG (37 per cent of all children in the country);
- Currently, antenatal HIV sero-prevalence stands at around 2 per cent, while antenatal attendance and supervised delivery rates are low, standing at about 60 per cent and 40 per cent, respectively;
- Twice as many women as men are infected in the 15-29 age group and yet 95 per cent of girls and young women do not have access to correct information on reproductive health;
- High levels of sexual violence are fuelling the rapid spread of STIs/AIDS;
- Despite high levels of HIV/AIDS, unsafe sex and drug use is still common. Young people's knowledge of HIV/AIDS and STIs remains poor.



School children at Miunde Primary School in Chimbu Province

Priority focus

Primary prevention will be driven through intensified public advocacy as well as rapid expansion of the community mapping and theatre against AIDS (COMATAA) initiative, which emphasizes facilitation of communities' own assessment, analysis and response to the epidemic. It will entail massive expansion of access to counselling and HIV testing facilities and youth-led and youth sensitive communication modalities



School girls at Port Moresby's Gordons Secondary School

to stem the epidemic. Schools will become major channels of HIV/AIDS education within themselves and for the communities around them. The Government, UNICEF and partners will provide support for every sector (public or private) to formulate an HIV/AIDS response strategy consistent with the NSP and capacity building for adequate monitoring and surveillance systems to track the reach of interventions for risk reduction, vulnerability reduction and impact mitigation. Strong linkage between good data and advocacy will be built at all levels.

The Government, UNICEF and partners will support strategies to make social services more youth-friendly, while integrating all aspects of HIV/AIDS prevention, care and support.

Prevention of mother-to-child transmission (PMTCT)-Plus will focus on the promotion of improved pregnancy outcomes and community care and support services. Information, counselling and voluntary testing will be available to all women of reproductive ages through maternal and child health services. The PMTCT programme is divided into two components: a) voluntary counselling and testing (VCT) and counselling for infant feeding; and b) support for children, including orphans and families infected or affected. The major strategy for introducing and accelerating PMTCT programmes is integrating it into the existing health care system through maternal and child health services, predominantly through the antenatal clinics and building capacity in regional and provincial hospitals. The networks here are already established. As a nationwide initiative, the PMTCT programme is being taken to scale, with UNICEF support. Excellent coverage, effective and widespread training and early positive results suggests that taking this programme to scale and expanding its scope would justify funding.

The PMTCT program will be fully integrated with the safe motherhood programme as the results depend on the quality of safe motherhood services. In addition to the important focus on mothers and newborns, PMTCT services will be an entry into primary prevention fully integrating communication strategies for condom awareness and availability, referral for testing and counselling and delivery planning. Additional information available includes promotion of exclusive breastfeeding for all mothers and advice against pregnancy for women with long-term illnesses. Information on counselling and testing is also promoted for the husband and family and is available through health care facility family support services. PMTCT-Plus involves all the above services, with the addition of ART treatment for infected children.

Protection: In Papua New Guinea, UNICEF takes the lead in child protection programming and is releasing the first countrywide situation analysis of orphans and vulnerable children. In addition, our role in the juvenile justice network – with relevant line ministries and village courts – positions us well to pursue grassroots human rights protection through village courts to protect the rights of vulnerable children from exploitation, girls and women from sexual and other forms of physical abuse, and people living with HIV/AIDS from neglect and discrimination.



Participants at a Community Mapping and Theatre against AIDS (COMAATA) workshop at Korobosea Village, Port Moresby

Paediatric treatment and support: Children who are exposed to HIV will be supported through the PMTCT-Plus program linked with community care and support services. Access to ART treatment will be facilitated in close collaboration with WHO's initiative of Expanded Access to ART (the successor to 3 x 5). UNICEF, in collaboration with WHO, will provide technical support to the National Department of Health (NDOH) in implementing paediatric AIDS treatment and monitoring. Follow up at the community level will be done through the care and support services within the communities, supported by the health care facilities, to ensure that proper nutrition, care and treatment compliance is maintained.

Partnerships: UNICEF is engaging partners at all levels to highlight the human rights of children and their obligations to fulfil them. There is open dialogue, closer collaboration and effective sharing of expertise. UNICEF has strong links with churches, which provide most of the health and education services in the country. Collaboration over the Global Campaign will emphasize the cross-cutting issues surrounding children and AIDS, necessitating a cohesive response.

Key strategic actions

The major component of advocacy efforts will focus on: a) developing a cross-sectoral plan to fast-track Universal Primary Education as a means to broaden the protective environment for children, especially girls, by increasing their learning opportunities and providing stability; b) acceleration of PMTCT-Plus so that mothers and children can have access to a higher quality and broader range of services in combating HIV; c) wider distribution of ART, ensuring that parents and children stay alive through access to family treatments; d) developing a plan to strengthen paediatric care and support from national to district level health facilities; and e) planning at all levels with child friendly budgets, with special attention to the focus areas of the global campaign.

Other relevant facts

Human Rights-Based Approach to Programming (HRBAP) will significantly contribute to the well-being of children, adolescents and women. HRBAP will also build the capacity of duty bearers to fulfil their responsibilities and to better understand the rights of others, especially orphans and other vulnerable children. The UN is still the only organization advocating for this approach to be actively employed.

Village and district level engagement and up-scaling of interventions. Commencing in 2005, the country programme will be implemented in 6 districts across 6 provinces by 2007. Full coverage will be achieved across 3 provinces, and by 2010, scaled up to 34 districts, achieving 100 per cent coverage in 6 of the 19 provinces, which is one third of the population. On a regular basis, UNICEF will use the data and lessons learnt from these provinces to advocate for scaling up by other partners in the rest of the country.

SITUATION REVIEW ON WOMEN, CHILDREN AND HIV/AIDS

The issue: violence contributes to the vulnerability of girls and women to HIV/AIDS

Papua New Guinea now faces a devastating HIV/AIDS epidemic – an epidemic that is uncontained. If effective action is not taken, HIV/AIDS will take a terrible toll on the people, the economy and foremost, children. In 2002, Papua New Guinea became the fourth country in the Asia-Pacific region to have a generalized HIV/AIDS epidemic with more than 1 per cent estimated to be infected.

Half of all reported victims of sexual abuse are under 15 years of age¹. One in five assault victims are between ages 16 and 20². Rape has become a major threat to social stability and economic development and seriously impedes the full and active participation of women and girls. Rape and sexual assault have reached epidemic levels, but the vast majority of cases are not reported.

Stigma and discrimination are fuelled by gender myths. Women are perceived as the ‘bearers’ of HIV. Many women attending ARV prophylaxis treatment for prevention of mother-to-child HIV transmission, commonly known as PMTCT, face gender based violence when revealing test results to their partners. Fear of repercussions prevent women from seeking testing and counselling, and thus knowing their HIV sero-status to receive adequate support and treatment.

The severity of the HIV/AIDS epidemic in Papua New Guinea is increasingly recognized, as more information becomes available from the country’s improving surveillance network. In 2004, an expert consensus workshop estimated that about 80,000 adults or about 2 per cent of Papua New Guinea’s total population are infected with HIV³. Only about 10 per cent of carriers are aware of their HIV sero-status.

The conditions that promote the rapid spread of HIV include low levels of knowledge, high levels of sexually transmitted infections (STIs), high gender inequality, high levels of multiple partner sexual behaviour and a large informal sex trade fuelled by poverty. Both men and women are equally affected, with more women reported as infected in the age groups under 30, and more men than women infected in the age groups above 30⁴.

The majority of the cases of HIV are acquired through heterosexual contact. Less than 10 per cent are below the age of 15 and the majority of these children acquire the virus from mother-to-child transmission of the virus. However, cases of children infected through sexual assault have been reported.

The age of first sex, 15, is the same for men as it is for women⁵. Culturally, men ‘own’ their wives; the lives of these women and their children are filled with danger, insecurity, violence and diseases. Two in three women aged 15-24 and two in five older women accept cash or gifts in exchange for sex⁶.

¹ UNICEF/PNG, 2001, *Sexual Offences Against Women and Children: Issues for Discussion on PNG Criminal Code Reform*, p.22.

² Hunter, Susan, 2005, *Families and Children Affected by HIV/AIDS and Other Vulnerable Children in Papua New Guinea, A National Situation Analysis*, UNICEF (draft), p.54, based on records from Port Moresby General Hospital.

³ National AIDS Council Secretariat and UNAIDS, 2005, *Consensus Workshop on HIV/AIDS in Papua New Guinea*, Government of New Guinea, draft dated January 15, 2005.

⁴ National AIDS Council Secretariat and UNAIDS, 2005, *Consensus Workshop on HIV/AIDS in Papua New Guinea*, Government of New Guinea, draft dated January 15, 2005.

⁵ World Bank/AusAID/ADB, 2004, *Control of HIV/AIDS in Papua New Guinea: A Situation Assessment and Proposed Strategy*, Port Moresby, p.2.

⁶ Hunter, Susan, 2005, *Families and Children Affected by HIV/AIDS and Other Vulnerable Children in Papua New Guinea, A National Situation Analysis*, UNICEF (draft), p.23.

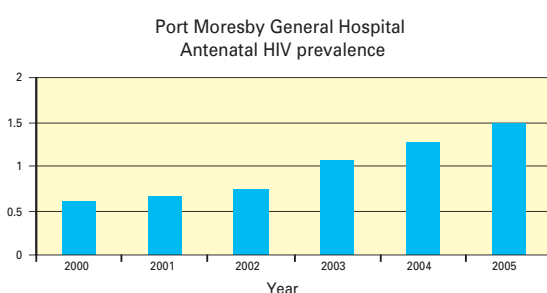
Currently, the involvement of men is through couples counselling in social work services. Some difficulties have been experienced: poor male response to health worker counselling; domestic violence upon revelation of their HIV status to partners; the lack of responsible attitude towards the care of an HIV exposed child; and irresponsible sexual behaviour of known HIV-positive men.

In Papua New Guinea, girls and women are infected at a younger age than boys and men, so twice as many women as men are infected in the 15-29 age group. Girls between 15 and 19 have the highest rate of HIV/AIDS in the country; four times that of boys the same age. Trans-generational infection routes are common and customary practices enhance girls' and women's vulnerability. In addition, condom use is low, marriage is not a protective institution for women and gender relations are not equal. Biased gender norms prevent women from accessing information and seeking treatment.

HIV-positive children are being refused admission by school authorities for fear of infecting other children. Caregivers of HIV-positive children report difficulty in receiving care. Children report physical and mental abuse because of the HIV status of their parents. The current estimate of children infected and affected by HIV/AIDS in PNG is:

Infected children	10,946
Orphans	9,400
Children living in AIDS-affected families	138,108
Children at risk of infection	620,585
Total	779,039
(37% of all children under 18)	

Hunter, Susan, 2005, *Families and Children Affected by HIV/AIDS and Other Vulnerable Children in Papua New Guinea, A National Situation Analysis*, UNICEF (draft).



Considering the 1 to 2.5 per cent prevalence in the antenatal population, virtually all women who attend antenatal clinics need to be tested to better track every child with the risk of being infected by HIV from their mothers.

Strategies to support vulnerable children and pregnant women

The major strategy for introducing and accelerating PMTCT programmes is integrating PMTCT into the existing health care system through the maternal child health services, predominantly through antenatal clinics and building capacity in regional and provincial hospitals.

Under the PMTCT programme UNICEF has undertaken activities to promote the support of orphans and families infected and affected by HIV/AIDS by raising awareness and mobilizing communities to organize care and support points for children at risk.

UNICEF and the National Catholic AIDS Office collaborate with WHO's 3 x 5 initiative to develop a [holistic](#)

approach and to develop a referral system for ARV treatment and home based care, with special attention to HIV-positive pregnant women and their babies.

A set of guidelines, protocols and other tools have been developed to harmonize and guarantee the quality of the PMTCT programme throughout the country. To support the implementation of PMTCT, a training manual has been developed as well as a clinical monitoring and evaluation tools and pre- and post-test counselling protocols and rapid testing. Additional guides in the form of infant feeding option cards and PMTCT health talk cards in both English and Pidgin are available for patients and health workers.

Health care workers are trained on all components of the PMTCT programme, including voluntary counselling and testing, optimal obstetric care, infant feeding options, ARV treatment for PMTCT and rapid testing.

Antenatal sero-surveillance is recommended for implementation in the main health centres.

To counter the prevalence of stigma and discrimination issues that can feed domestic violence, promotion of male participation in VCT is supported, particularly as an ideal avenue for primary prevention, given that most couples will test negative.

National Plan and policies

Papua New Guinea has developed a National Strategic Plan (NSP) for HIV/AIDS 2004-2008. It offers a broad framework to address issues in seven key priority areas: treatment, counselling, care and support; education and prevention; epidemiology and surveillance; social and behavioural change research; leadership, partnership and coordination; family and community; and monitoring and evaluation.

The negative outcomes of gender inequality, however, have not been adequately addressed as a focal area, nor is gender specified as a critical dimension of the epidemic. At this stage, there is no mechanism in place to monitor and evaluate the plan.

Young people are covered in the National Strategic Plan under the education and prevention priority area, particularly to increase safe sexual practices amongst the sexually active population. Under family and community priority area, youth-friendly information, care and support facilities are highlighted as essential interventions.

Orphans and vulnerable children are mentioned in the Plan noting that they are particularly vulnerable to discrimination and abuse. The Plan outlines capacity-building for community-based organizations and groups to identify and provide support for orphans and vulnerable children.

The draft bill of the *Lukautim Pikinini* (Child Welfare) Act (LPA) is based on the Convention on the Rights of the Child and extends protection to all children, including those infected/affected by HIV/AIDS, sexually and physically exploited children, children affected by conflicts and children with disabilities.

The National Plan for Education 2005-2014 gives significant attention to the issue of HIV/AIDS and provides a broader educational framework for consolidation and coordination initiatives in this area. A departmental HIV/AIDS policy is under review.

Conclusion

Technical support and capacity for PMTCT and paediatric AIDS is improving in Papua New Guinea as more health care providers are trained in PMTCT and equipped with nationally published protocols for guidance. While expansion of training and maintenance of existing skill sets is crucial to sustaining this intervention, the challenge lies in taking advantage of PMTCT as an ideal avenue for primary prevention through active promotion of male participation in counselling and promotion of the role of partners in safe motherhood practices.

SITUATION REVIEW ON ADOLESCENTS AND THE HIV EPIDEMIC

Violence, the loss of traditional mechanisms of social control and the participation of young people in the cash economy are the key issues in understanding conditions and behaviours contributing to the risk of HIV infection among young people. Young people in urban areas have better understanding of HIV/AIDS than those living in rural areas. Knowledge of sexually transmitted infections (STIs) remains very poor, especially among young women in rural areas.

People in all areas are scared of HIV/AIDS. They do not have enough information to prevent it, they know it is in the community, and there are many who have already advanced to AIDS and are symptomatic. Despite high levels of HIV/AIDS, unsafe sex and drug use is still common and young people's knowledge of HIV/AIDS and STIs remains poor. Many young people are forced to leave school due to financial reasons. In urban settlements, there are few activities for young people. In most urban areas, there are very few opportunities for employment, while in rural areas, gardening and cash cropping are the only areas of employment. Only the church engages young people in small-scale activities for income. Alienation, boredom and lack of future perspectives are common, and an increasing number of young people consume homebrew and smoke marijuana.

Attitudes towards condoms vary, but are not gender or age specific. Generally, young people do not know how to use condoms properly. Girls are often unable to negotiate the terms of their sexual relations, including the use of condoms. There is also shyness to pick up condoms from health centres or buy from shops. Young people are sometimes confronted with questions if they request condoms. In many places, condoms are not available at all because either there is no health centre or it is mission-run and young people's access to condoms is denied. Churches in all districts are generally against condoms and preach for faithfulness and abstinence. However, there are church leaders and churches in all provinces that acknowledge that condoms can be a major preventive measure.

For young people, life is "survival of the fittest." Young men engage in crime to survive and young women often must resort to survival sex. Sixty-six per cent of women 15 to 24 years of age say that they accept cash, gifts, or both in exchange for sex, as do 43 per cent of older women. These women had an average of 15 partners a year; women who accepted cash and gifts reported 26. Full-time sex workers in this survey reported three to 900 partners. In most communities, women offer sex for money or in exchange for something else they need or want. This practice has spread to young girls, including students, who want spending money or money to pay school fees.



A peer educator demonstrates the correct use of a condom to young people in Port Moresby.

There are three key characteristics of Papua New Guinea's HIV/AIDS epidemic that are of primary concern for Papua New Guinean girls and young women:

- the epidemic is sexually transmitted predominantly through heterosexual sex, while sex, sexuality and sexual health issues are shamed and moralized in society. This makes open discussion extremely difficult;
- the epidemic is driven by inequities (gender, class, and structure);
- the epidemic is increasingly becoming younger and feminized, accenting gender disparities.

National actions

Following years of limited leadership and capacity on HIV/AIDS, Papua New Guinea adopted a National Strategic Plan (NSP) for HIV/AIDS 2004-2008. It offers a broad framework to address issues in key priority areas important to combating the epidemic. Young people are covered in the Plan under the education and prevention priority area, particularly to increase safe sexual practices amongst the sexually active population. Under the family and community priority area, youth-friendly information, care and support facilities are highlighted as essential interventions.



A young peer educator talking to a group of young people at Burns Peak settlement about HIV/AIDS.

The National Department of Education piloted a prevention programme reaching the community through schools in 2001 by training 600 teachers in five provinces and producing a teacher's manual and student flyers. Regular parent meetings disseminated HIV/AIDS information. However, NDOE currently has only a draft strategy for HIV/AIDS in education. Major donors plan to support this key primary prevention avenue in conjunction with school capacity building. In addition, the Government has established a parliamentary committee to guide national HIV/AIDS programmes and coordination. However, the National Strategic Plan and parliamentary committee have yet to make an impact in efforts to combat the epidemic.

Recommended actions

Intensify strategic support for HIV prevention focusing on 15-29-year-olds and support the Government to finalize the youth policy as well as planning and resourcing of youth programs at district level to improve access to quality services and psychosocial support. Adolescents need to be equipped with the correct knowledge of HIV/AIDS and skills for healthy living, including access to regular supplies of condoms. Educating young people to act as **youth peer educators** is crucial to breaking down barriers in AIDS awareness.

Advocate for the organization of trained **action groups to protect children**, especially girls, and women from violence and abuse, promote care and support and educate the community on prevention. Young people should know who should be protecting them from violence, abuse and discrimination and how to access the recourse available to them under legislation.

Work with community leadership to build on positive traditional practices, address taboos and advocate for more resources to sustain community action. Central to the community response to HIV/AIDS, work with communities and provincial leadership is **mobilization of young people and building of their capacities** to monitor the situation, strengthen communication and cooperation between young people, community leaders and parents to implement activities that will protect them from HIV infection. A new initiative is using the successful East African model of community mapping and theatre against HIV/AIDS (COMATAA) following human rights principles.

The community is empowered by facilitating a process where the community is divided into groups by age and gender. Each group maps risks and opportunities, prioritizes those and creates a theatre play, followed by critical community discussion sessions. Based on the analysis, a village HIV/AIDS action plan would be developed and a village AIDS Committee would be established by community representatives. Implicit in this approach is the promotion of community-based monitoring, including monitoring of caregivers. Some communities already have effective programmes being run by or for young people to mitigate the impact of AIDS at home. All partners have a responsibility to **share good practices** and learn from community wisdom.

Just as this wisdom is the most powerful tool in HIV/AIDS awareness and community mapping, a unified approach to all facets of the epidemic is more powerful than individual effort. **Partnerships at all levels** are crucial for an effective response. Through the human rights-based approach, linking resources, strengthening participatory research and monitoring, sharing information and coordinating efforts will be essential to challenging behaviour and taboos that help to spread HIV. Consistent with the ongoing decentralization process, all partners need to commit to **strengthening data collection capacity at provincial and district levels** for social mapping in detail, including rates of condom usage and awareness of HIV and risky activities prior to infection. It is only when the profiles of the communities are understood that we can help communities, especially young people, to act against the epidemic.

1. *What is the main purpose of the document?*

2. *What are the key findings or conclusions?*

3. *What are the main challenges or obstacles?*

4. *What are the main recommendations or suggestions?*

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